

## Appendix D

<b>How Three Different Systems View “Aggressors”</b> <b>Wisconsin Models Operating Separately</b>			
	<b>Elder Abuse</b>	<b>Domestic Violence</b>	<b>Dementia Care</b>
<b>Basic Premise</b>	Field historically operated from belief abuser acts primarily from “caregiver stress” based on dependency of victim on abuser.	Believes aggressor acts from ongoing abuse of power and control and sense of entitlement.	Believes aggression is part of the illness, person is not responsible for his/her own behavior due to disease process leading to incompetence.
<b>Application</b>	Protective services based	Law enforcement based	Medical-Social model based
<b>Intervention</b>	Intervenes by supporting the “stressed aggressor” to prevent further abuse.	Intervenes by arresting the aggressor and holding him/her legally accountable. Domestic violence programs focus on work with victims. Batterers may attend a separate treatment program.	Intervenes by assessing and treating person, and referring to services. Educates and supports family to remain involved in person’s care.
<b>Problem with Approach</b>	If not a stressed caregiver, allows an aggressor power and control to continue with abusive behavior.	Inappropriate application of domestic violence laws treats incompetent aggressor with dementia as a criminal. Allows no assessment, support or intervention. Exacerbates situation.	Does not recognize dynamics of family violence, its ongoing patterns, or impact of historical traumatic events the person with dementia has experienced.